

Rates For Related Services

Pricing is requested to be quoted per hour, per day and per month. Overtime pay must also be quoted. Rates per "Personnel Position" are requested with a brief description of qualifications. As an attachment to this proposal, proposer may include any additional discounts offered for specific items/categories not listed if applicable.

SERVICES	Hourly	Daily	Monthly	* Overtime				
CONTROL VALVE TESTING SERVICES								
Title _____	_____	_____	_____	_____				
Title _____	_____	_____	_____	_____				
Title _____	_____	_____	_____	_____				
Charge _____	_____	_____	_____	_____	_____			
Charge _____	_____	_____	_____	_____	_____	_____		
Charge _____	_____	_____	_____	_____	_____	_____		
Other _____	_____	_____	_____	_____				
Other _____	_____	_____	_____	_____				
Other _____	_____	_____	_____	_____				
	Hourly	Daily	Monthly	* Overtime				
CONTROL VALVE REPAIR SERVICES								
Title _____	_____	_____	_____	_____				
Title _____	_____	_____	_____	_____				
Title _____	_____	_____	_____	_____				
Charge _____	_____	_____	_____	_____	_____	_____		
Charge _____	_____	_____	_____	_____	_____	_____		
Charge _____	_____	_____	_____	_____	_____	_____		
Other _____	_____	_____	_____	_____				
Other _____	_____	_____	_____	_____				
Other _____	_____	_____	_____	_____				
	Hourly	Daily	Monthly	* Overtime	Flat Fee			
CUSTOM CUTTING & MACHING SERVICES								
Title _____	_____	_____	_____	_____	_____			
Title _____	_____	_____	_____	_____	_____	_____		
Title _____	_____	_____	_____	_____	_____	_____		
Charge _____	_____	_____	_____	_____	_____	_____		
Charge _____	_____	_____	_____	_____	_____	_____		
Charge _____	_____	_____	_____	_____	_____	_____		
Other _____	_____	_____	_____	_____	_____	_____		
Other _____	_____	_____	_____	_____	_____	_____		
Other _____	_____	_____	_____	_____	_____	_____		

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SERVICES

	Hourly	Daily	Monthly	* Overtime	
DESIGN SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
ELECTRICAL REPAIR SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
ESTIMATING SERVICES					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

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SERVICES

	Hourly	Daily	Monthly	* Overtime	
FABRICATION SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
HOT-TAPPING SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
LAB TESTING SERVICES					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

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SERVICES

	Hourly	Daily	Monthly	* Overtime	
LEAK DETECTION SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
LINE STOPPING SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
LOGO CUSTOMIZATION SERVICES					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

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SERVICES

	Hourly	Daily	Monthly	* Overtime	
MANHOLE REHABILITATION SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
PIPE CUTTING, GROOVING AND THREADING SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
PIPE REPAIR SERVICES					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

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SERVICES

	Hourly	Daily	Monthly	* Overtime	
PIPE REPLACEMENT SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
PLASMA BURNING SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
POWER TOOL REPAIR SERVICES					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

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SERVICES

	Hourly	Daily	Monthly	* Overtime	
PROOF LOAD TESTING SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
PUMP REFURBISHMENT SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
PUMP REPAIR SERVICES					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

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SERVICES

	Hourly	Daily	Monthly	* Overtime	
RENTAL SERVICES - FUSION EQUIPMENT					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
RENTAL SERVICES - GENERAL EQUIPMENT					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
RENTAL SERVICES (TILT UP EQUIPMENT)					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

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SERVICES

	Hourly	Daily	Monthly	* Overtime	
SHOP DRAWING SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
TRAINING SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
VALVE ACTUATION SERVICES					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

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SERVICES

	Hourly	Daily	Monthly	* Overtime	
VALVE AUTOMATION/CONTROL SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
VALVE REPAIR SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
VALVE REFURBISHMENT SERVICES					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

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SERVICES

	Hourly	Daily	Monthly	* Overtime	
WATER METER TESTING SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
WATER METER RECONDITIONING SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
WATER SYSTEM AUDITS					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

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SERVICES

	Hourly	Daily	Monthly	* Overtime	
WELDING SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
WET WELL CLEANING AND VACUUMING SERVICES					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
OTHER: _____					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

EXHIBIT B

SERVICES				
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	Hourly	Daily	Monthly	* Overtime	
OTHER: _____					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
OTHER: _____					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
OTHER: _____					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

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SERVICES				
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	Hourly	Daily	Monthly	* Overtime	
OTHER: _____					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
OTHER: _____					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
OTHER: _____					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

EXHIBIT B

SERVICES				
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	Hourly	Daily	Monthly	* Overtime	
OTHER: _____					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	
OTHER: _____					
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Title _____	_____	_____	_____	_____	
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	

	Hourly	Daily	Monthly	* Overtime	Flat Fee
OTHER: _____					
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

EXHIBIT B

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SERVICES

	Hourly	Daily	Monthly	Annually	* Overtime	Year 2	Year 3	Year 4	Year 5	Flat Fee
MAINTENANCE/SUPPORT PLANS										
(Preventative Maintenance After Warranty, To Include Travel Expenses)										
Note: Refer To Section 2.12										
Title _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Program _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Program _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Program _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

	Hourly	Daily	Monthly	Annually	* Overtime	Year 2	Year 3	Year 4	Year 5	Flat Fee
EXTENDED WARRANTY PLANS										
Proposers To Provide Quote(s) For Extended Warranties)										
Title _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Title _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Program _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Program _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Program _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Charge _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Escalation

All discount percentages shall be held firm through any and all renewals. Any pricing provided shall be held firm for one (1) year. In the event the agreement is renewed, please quote a firm percentage increase to the base prices quoted in the bid, not to exceed 3% per year. If requested, indicated increases shall be allowed at the time of each renewal.

2nd Renewal	FROM	7/1/2013	TO	6/30/2014	_____ %
3rd Renewal	FROM	7/1/2014	TO	6/30/2015	_____ %
4th Renewal	FROM	7/1/2015	TO	6/30/2016	_____ %
5th Renewal	FROM	7/1/2016	TO	6/30/2017	_____ %

*** OVERTIME**

Vendor shall define overtime process along with a detailed explanation.